

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 2	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NIGERIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
EMERUWA, IHEANACHO

Mailing Address
7158 BODEWIN COURT

City **RIVERSIDE** State **CA** Zip Code **92506**

FEC ID number of contributing federal political committee. **C 00499228**

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For:
☐ Primary ☐ General
☐ Other (specify) **Aggregate Year-to-Date ▼ 200.00**

Date of Receipt
04 / 07 / 2012

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF NIGERIAN PHYSICIANS

Mailing Address
4305 PLAYER COURT

City **BAKERSFIELD** State **CA** Zip Code **93306**

FEC ID number of contributing federal political committee. **C 00499228**

Name of Employer **ASSOCIATION** Occupation **ASSOCIATION**

Receipt For:
☐ Primary ☐ General
☐ Other (specify) **Aggregate Year-to-Date ▼ 500.00**

Date of Receipt
04 / 28 / 2012

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KAMSON, OLAYINKA

Mailing Address
4947 PLUMTREE COURT

City **RIVERSIDE** State **CA** Zip Code **92504**

FEC ID number of contributing federal political committee. **C 00499228**

Name of Employer **PATTON STATE HOSPITAL** Occupation **PHYSICIAN**

Receipt For:
☐ Primary ☐ General
☐ Other (specify) **Aggregate Year-to-Date ▼ 300.00**

Date of Receipt
05 / 03 / 2012

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

12030883313